

# New Hampshire Medicaid Fee-for-Service Program Brand Name Multiple Source Prescription Drug Product Criteria

Approval Date: June 5, 2025

## Criteria for Approval

1. Prescribers must obtain a prior authorization (PA) for any brand name, multiple source legend drug product that has an FDA “A”-rated generic equivalent (AA, AN, AO, AP, AT, or AB) listed in the *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book); **AND**
  - a. Patient must have experienced a therapeutic failure (inadequate response) to the “A”-rated generic or the patient must have experienced an adverse reaction to the “A”-rated generic; **OR**
  - b. In the prescriber’s opinion, transition to another generic in the same therapeutic category would represent an unacceptable risk to the patient; **OR**
  - c. Allergy to one of the components of the generic (e.g., dye). If multiple generics available, must try another generic; **AND**
  - d. In accordance with FDA regulations, the prescriber must submit a MedWatch form to the FDA to verify a documented failure and/or adverse reaction on an AB rated generic product. **Do not fax form to Prime Therapeutics.**
2. Non-preferred drugs on the Preferred Drug List (PDL) may require additional prior approval (PA).

**Length of Approval:** One year

## Criteria for Denial

Prior approval will be denied if the approval criteria are not met.

## Revision History

| Reviewed by                      | Reason for Review | Date Approved |
|----------------------------------|-------------------|---------------|
| Pharmacy & Therapeutic Committee | New               | 10/25/2007    |
| Commissioner                     | Approval          | 11/20/2007    |
| DUR Board                        | Revision          | 10/25/2010    |
| Commissioner                     | Approval          | 02/10/2011    |
| DUR Board                        | Review/Revision   | 03/20/2017    |
| Commissioner                     | Approval          | 06/08/2017    |
| DUR Board                        | Revision          | 03/12/2019    |
| Commissioner Designee            | Approval          | 04/05/2019    |

Proprietary & Confidential

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| Reviewed by           | Reason for Review | Date Approved |
|-----------------------|-------------------|---------------|
| DUR Board             | Revision          | 10/28/2019    |
| Commissioner Designee | Approval          | 12/03/2019    |
| DUR Board             | Revision          | 12/15/2020    |
| Commissioner Designee | Approval          | 02/24/2021    |
| DUR Board             | Revision          | 06/02/2022    |
| Commissioner Designee | Approval          | 07/12/2022    |
| DUR Board             | Revision          | 12/08/2023    |
| Commissioner Designee | Approval          | 01/22/2024    |
| DUR Board             | Revision          | 04/08/2025    |
| Commissioner Designee | Approval          | 06/05/2025    |